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LECTURES.

BOSTON CITY HOSPITAL: CLINICAL LECTURE NO. VI.

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Cold Abscess. — GENTLEMEN: Our first case to-day is one of cold abscess, — a deposit of pus which forms slowly with absence of the ordinary inflammatory symptoms. The first question naturally is, What is its origin? In this patient you see above the internal abdominal ring a round swelling which fluctuates and evidently contains fluid. This is not a hernia, because its location is too high. Upon turning the patient around, however, we find he has Pott's disease of the spine. This trouble has existed since his childhood, and as the spinal curve has not changed for some time ankylosis of the bones has probably taken place. Of late the patient has been pretty comfortable, but a certain degree of inflammation has continued. The swelling is not properly a psoas abscess, as might be supposed, for it is not in the locality in which that form of abscess usually points, namely, just below Poupart's ligament, and near the site of the emergence of the psoas tendon. This abscess has probably followed the course of the ribs, for, as you will observe, posteriorly the trouble is quite high up, while in front the swelling is situated just opposite the superior spinous process of the ilium. It is causing much discomfort, and should be opened. If we were to do this freely decomposition of the contents would ensue by the admission of air. It will be much the better way, then, to evacuate by means of an aspirator. We shall use no ether. We place the patient on his back, as the evacuation may make him feel faint. This position causes the swelling to become very prominent. In these cases I always use a large needle, because the pus is often flaky, and will not flow through a small one. My impression is that after a couple of days we shall have the usual experience, — that is to say, the needle puncture will be open, and we shall have a discharging sinus. As you may notice, the pus is as thick as cream, and hence a smaller needle would have been useless. It is a good plan to empty partially these cold abscesses, and then compress by bandaging, and see whether

the swelling will not disappear by absorption. The tumor is painless. The abscess has not become attached to the skin. It would therefore be unsafe to lay it open with the knife. For this reason, too, it resembles a hernia, for it has pushed up beneath the skin, but has not become attached to it. It is probably, however, united to the muscles. For the first time I now feel the hard wall formed by a deposit of lymph, which heretofore the pus has concealed. As the sac becomes empty the needle touches its walls. We use a spica bandage and a pad, under the pressure of which the abscess may shrink and reabsorb. The patient will be kept in bed for a day or two, and we shall watch the result.

Abscess over the Liver.—Our next patient furnishes us with an extremely interesting case. He is a middle-aged man, and his ordinary look is pale and yellowish. Just now, under the stimulus of ether, he has a capillary erythema of the face. For a long time he has been traveling about the country with an operatic troupe, and has developed what he thinks is a liver complaint. At any rate he has been in the condition called "biliousness." He has been variously treated in the out-patient department, and now presents himself with this remarkable swelling. Here is a tumor which resembles a carbuncle, and is situated just over the gall-bladder. Yesterday we saw only a smooth, shiny mass. During the night it broke at points, and now has such an appearance that we naturally ask, Is this a carbuncle or an abscess? It is immovable, at places runs up under the ribs, and appears to be attached to the liver. Abscess of the liver is a lesion which is often a result of dysentery, and is caused by septic matter which is carried to the liver by veins of the portal system. It is oftenest seen in hot climates. I have met with one or two cases of suppuration of the gall-bladder caused by stoppage. Abscess formed about the bladder itself, resulting in fistulæ, through which gall-stones were discharged. There is no such history in this case. The abdominal cavity is free from fluid, for on percussion we find the belly tympanitic down to the flanks, a certain proof that no ascites exists. The abdomen is loaded with fat, and when the patient inhales and we at the same moment percuss the part the fat ripples and looks much as it would if fluid were present. But there is none in the cavity at large; yet it sometimes happens that fluid becomes encysted locally. In this case, however, the abdomen seems to be all right. In treating this swelling the aspirator would be useless because it is already discharging. It may prove to be a cellulitis. At any rate, it will be proper to lay it freely open, so that we may examine it. I have had cases of abscesses in this region following confluent small-pox. I now incise the swelling, and find a cavity so large that it excludes all idea of carbuncle. Here is a distinct sac; there are hard walls, and my finger passes in under the ribs. The pus, which is flowing freely, is very offensive. There is no orifice at the bottom, and

the character of the pus and absence of gall-stones indicate a cellular abscess with a wall of lymph over the liver. Consequently there is no reason why there should not be improvement. What there may be behind this in the liver we do not know. There probably is organic disease.

Here I wish to make an important point: the first abscess which I showed you was not attached to the skin, for the latter could be pinched up independently of the abscess, and therefore, in the abdominal region, it would have been unsafe to use the knife. The abscess in this case, however, is firmly united to the skin and moves with it. The thinness of the skin over the abscess, the impossibility of pinching up the tissue here, the shiny look, the redness, the heat of the part, all prove the union of the abscess and the skin, and make it safe to lay open the swelling with the knife. In the absence of these symptoms the aspirator should be used. Ordinary abscess seems a trite subject, but about the abdomen, unless we treat them correctly and rightly decide as to whether they should be opened or aspirated, abscesses are attended with considerable risk, and this I wish to impress upon you.

We will now complete our treatment of this patient by poulticing the wound. It should be kept clean and allowed to discharge.

Suppurative Periostitis. — On the day before Christmas, this woman, who is not very strong, fell, and, she says, sprained her ankle. It may have been bruised. She comes to us with symptoms of inflammation over the spine of the tibia, as I will shortly show you. Another discovery, which I have just made, is these two lobulated swellings over the tendon of the flexor carpi radialis. They are, probably, old weeping sinews, indurated bursæ, which are attached to the tendon. The patient does not complain of them.

Here is the real trouble. You will observe that the left leg exhibits ancient scars, which are dimpled down and attached to the bone. They are the remains of former ulcers. Was their origin specific? I am inclined to think so. On the other leg we find a different condition of things. The skin blushes; there is pain, swelling, and œdema. These symptoms have existed for three weeks, and are probably due to pent-up pus. Where is this pus? It may not yet be formed, but in the formative stage. The probability is that suppuration is going on beneath the fascia and periosteum, — a periosteal abscess. The treatment should be radical, namely, a free and early incision down to the bone. I doubt if we find pus or anything more than a vascular condition of the fascia and periosteum, which will eventuate in suppuration.

In children who have periostitis an early incision is of the greatest importance, because of the extremely rapid development, at that age, of the inflammation, which quickly reaches and destroys the bone. In this leg the swelling is very manifest, and you will observe the round-

ing up of the tissues. On its inner side the tibia is subcutaneous, but the spine is rounded by the swelling, and here is the proper place for the incision. As the knife enters I find just beneath the skin great thickening and a cellular infiltration of lymph. The part is going through the stages of diffused suppuration. I have now reached the bone. Lymph has been thrown out in all directions, but there is no pus. The periosteum is easily scraped off, and the bone is already roughened. Now occurs the question, Is there pus within the bone? We may eventually have to trephine it, but at present that point cannot be decided. If this incision relieves the pain, suppuration may take place and repair begin. If not, then we have osteitis, which, from the history, is probably specific. In that case pain will continue, and pus may form in the medullary cavity. A week's waiting will decide the matter. It will be proper to poultice the part, put the patient on the iodide of potassium for ten days, and watch for developments. This is an interesting case because it suggests several theories as to its real nature.

Secondary Inflammation. — Suppuration, to-day, seems to supply us with all our patients. But, indeed, if suppurative cases were excluded surgery would lose three fourths of its interest.

This man is the patient who came before us three weeks ago with a wound in the left hand, which had been caused by a pickaxe. The point was driven through the hand, carrying with it a portion of the fifth metacarpal bone. Since that day I have once incised the hand, and now, as you may see, by infiltration it has become brawny quite up to the wrist. It looks as if the fourth metacarpal bone had become involved, for this bone and the one which was mutilated articulate with each other and with the unciform bone of the carpus, and I fear that inflammation, by spreading from the injured to the sound bone, has caused caries. Within the last ten days the man has lost color and appetite; has been sleepless; has had more pain; and the swelling of the hand has increased. I probe the old cavity, and at a considerable distance from the opening at once find denuded bone. My probe is now at the upper end of the fourth metacarpal bone, and now slips under the bones of the carpus, which also are denuded, and seem roughened in all directions. I demonstrate the locality by the length of probe which enters. This is one of those bad cases which necessitate either amputation or the removal of several bones. The problem is: Given a strong and healthy man with an injury of the hand, which runs into caries of bones originally unaffected; is he likely to save his hand? In such a case the probabilities are that amputation will become necessary. The first thing to do, however, is to lay open the affected member to give egress to the pent-up fluids. The incisions should be made wherever the pus will flow freely, and in cases like this we usually find several points which seem to be connected with a crater, at the bottom

of which is the source of the pus. But, as in our patient, these appearances are sometimes deceptive. I cut, but find no pus. Just at this point the radius is denuded of periosteum, thus showing how widely the inflammation has spread. Flakes of lymph issue, but no quantity of pus. A radical operation may be required, but we will wait a while longer before we do it.

Now arises the question, Do we not, by making these incisions, increase the risk? This matter has been much agitated. Before we made them there were granulating centres which were incapable of absorbing septic matter. On the other hand, by making the cuts we open vessels which can absorb the deleterious matter. At the same time, notwithstanding they are attended with the risk of causing pyæmia, these incisions were proper. We shall very soon have to ask, With such a condition of the hand, can this man recover? I doubt it, and fear that amputation will be the only alternative. At present we shall subject the hand to compression, and afterward place it on a splint, dress it lightly and antiseptically, give the patient iron, quinine, and ale, and send him out to walk in the open air every pleasant day.

Malignant Tumor of the Breast. — This woman, aged fifty-one, has an enlarged breast. So far as she knows a tumor has been growing in the right mammary gland for a year. The condition seems to correspond with the popular idea (which perhaps is not devoid of truth) that changes in the breast are more apt to occur after than before the close of menstruation. The tumor seems to be confined to the breast, and in some respects is peculiar. The query is as to its nature. The discoloration of the breast is merely the result of some application which has been made. The growth, as you see, is limited to the upper half of the gland. Some of the mammary lobes are soft and normal; this one, however, is hard and fluctuating. The nipple is not retracted; the skin is not involved, and can be pinched up over the tumor. It has the characteristics of a cyst, but if it were simple cystic disease of the gland, there would have been a serous discharge from the nipple, and the patient would have remarked exuding drops of clear fluid. It is more likely to prove a malignant cyst or a cystic sarcoma. I think we shall find a cavity filled with blood and broken-down cells. It will necessitate the removal of the whole breast. I propose to do this under the antiseptic method, which requires the knives, sponges, ligatures, and dressings to be washed and carbolicized. The operation is done under a constant spray of carbolic acid, in which process, if it be prolonged, the patient is liable to become wet. We must then keep up her temperature by means of blankets. I make a double curved incision, one on either side of the nipple, thus isolating it and an elliptical section of the skin, which will be removed with the gland. In this way we avoid having redundant tissue after the gland is excised. The

tumor does not involve the pectoral muscle. The breast is very large and flat, and has a broad base, which makes its enucleation a prolonged affair. I now find there is no cyst, but that the tumor is a soft solid, showing how we may be deceived by palpation. In these cases it is very important to remove all the glandular tissue in order that there may be no early renewal of the morbid growth. I tie the vessels with carbolized catgut, and cut the ligatures off short. I draw together the skin with carbolized silk sutures. The wound is covered with protective carbolized gauze and salicylic cotton. Each subsequent dressing must be done under carbolic spray.

RECENT PROGRESS IN DERMATOLOGY.¹

BY JAMES C. WHITE, M. D.

Leucoplakia Buccalis. — Dr. Schwimmer contributes a very important and exhaustive paper² on this affection of the mucous membrane of the cavity of the mouth. We allude to it, inasmuch as it is not in the province of dermatology, merely to say that the writer discards as entirely incorrect the names psoriasis and ichthyosis, at times applied to it. The above title proposed by him is a very appropriate one, and does not mislead.

Eczema. — In a long article³ upon this affection, made up from the lectures of Guibout, at Saint-Louis, by M. Magne, we have an expression of the more recent views of the French school of dermatologists. He recognizes, first, an idiopathic eczema caused by more or less prolonged irritation of the skin, superficial or deep seated, of which the forms produced by various occupations and by animal or vegetable parasites are examples. Second, a true eczematous fever, a pseudo-exanthematic affection, analogous to scarlatina. Third, an eczema *herpétique*, characterized by its general distribution, its duration, its relapsing, symmetry, and obstinacy. He regards eczema, in fact, as one of the most common and grave manifestations of herpeticism. He denies the existence of Bazin's eczema *arthritique* and *scrofuleux*, because, he says, the arthritic diathesis does not exist, and because the characteristics attributed by Bazin to his arthritic eczema are not constant or pathognomonic. He does not admit the scrofulous form, because no truly distinctive character has been assigned to it, because its relatively short duration in children is wholly unlike the chronic course of scrofula, and because this eczema exists more or less with nearly all children, and it is impossible to admit that nearly all children are scrofulous. This reads strangely, for just such arguments are used by nearly everybody out of France against the existence of the dartrous or herpetic diathesis.

¹ Concluded from page 774.

² Vierteljahresschrift für Derm. und Syph., IV. Jahrg., 4 Heft, and V Jahrg., 1 Heft.

³ Annales de Derm. et de Syph., Tome ix., Nos. 1 and 2.

Eczema produced by Oxyurides. — Michelson reports¹ the case of a child thirteen years old, who complained of itching in the inguinal region, which was found to be the seat of an impetiginous eczema marginatum, suggesting the presence of trichophyton. The centre of the eruption presented a moist surface covered with little red points and with foetid *débris* of macerated epidermis. Microscopic examination revealed, not a vegetable parasite, but the eggs of the oxyuris in various stages of development. It is probable that the worms were attracted from the rectum to the parts prepared for the reception and development of their eggs by the heat and moisture of the eczematous skin. Cure was rapidly effected by the use of warm baths and a lotion of salicylic acid.

Treatment of Chronic Eczema by Glycerole of Subacetate of Lead. — Dr. Squire, in the second edition² of this paper, publishes an appendix in which he advocates the mixture of the preparation with vaseline, six parts of the former to twenty-eight of the latter, and the employment of this ointment in various forms of chronic eczema.

Nævus Papillaris Neuroticus. — Neumann reports³ a case of this rare affection, consisting in the development of firm papillomatous growths, resembling in appearance vesicular efflorescence, but with an uneven, warty surface, arranged in well-defined stripes or bands along the course of the nervus cut. femor. poster., and the distribution upon the back and sole of the foot. It was remarkable for its perfect development during intra-uterine life, and for its spontaneous disappearance soon after birth, whereas such growths generally undergo further development.

Nerve Section in Elephantiasis Arabum. — Dr. Morton,⁴ of Philadelphia, has lately treated a case of this affection by this novel method. The patient was a colored man, who had had the disease in the right leg fourteen years prior to 1873, when he entered the Pennsylvania Hospital, at which time and place Dr. Morton tied the femoral artery. He was discharged in three months "much benefited." Last November he was again admitted to the hospital, when the leg was found to be double its size when last seen, measuring twenty-one inches in circumference. Having noticed the frequency with which operations for nerve section are followed by atrophy of parts supplied by such nerve, Dr. Morton laid bare the right sciatic nerve, and cut out one and one half inches at the upper third of the thigh. No unpleasant symptoms occurred, and there has been a steady diminution in the size of the limb, a reduction of eight and one half inches in circumference in six weeks. There has also been a great peeling off of the patches of

¹ Berliner klinische Wochenschrift, 1877, No. 33.

² London: J. and A. Churchill. 1878.

³ Separatabdruck aus dem österr. Jahrbuch für Pädiatrik.

⁴ Philadelphia Medical Times, January 19, 1878.

hypertrophied epidermis, which covered the leg from the knee to the ankle, leaving a soft, clean, and pliable skin beneath. There has been no disposition to ulceration, and the lost sensibility is confined to the sole, the anterior portion of the dorsum, and a narrow strip of skin running half-way up the posterior aspect of the lower leg. As the patient has had a severe attack of pleuro-pneumonia since the operation, and therefore necessarily has kept his bed a part of the time at least (time not mentioned), it is impossible to say how much of this reduction in the size of the limb may be due to position alone.

Lupus Syphiliticus and Scrophulosus. — Professor Auspitz, of Vienna, in this paper¹ replies to a communication of Kaposi, in which the latter maintains that the former title is a misnomer, as there is no such process as a syphilitic lupus. To show the more plainly the differences of opinion between himself and Professor Kaposi, Auspitz sets forth in the beginning the points of belief in which all observers agree concerning the nature of lupus, as follows: (1.) Lupus is a so-called granulation-new-growth, consisting, that is, of embryonic cell elements, which never advance to any higher development, — an infiltration, such as also characterizes syphilis, scrofula, and leprosy. The character of this "granuloma" as an independent form of new growth was first established by Virchow. (2.) The development and seat of this granulation-new-growth is exclusively in the tissues of the corium. (3.) The small-celled granulomas occur in the form of more or less sharply defined, larger or smaller, foci, which betray themselves externally by the development of nodules of dark-red color and firm consistence. They often unite to form flattened elevations, and spread outwardly, sometimes subsequently with crescentic borders. (4.) Their elements being incapable of farther development beyond a certain point, they retrogress by softening, undergoing caseous degeneration, suppurating, ulcerating; or they atrophy, and leave behind cicatricial contractions. (5.) These processes have a general character of chronicity in all their stages of development and retrogression.

These characteristics are common to all the granulomata of the skin, but the clinical distinctions usually made between the lupus form and others are thus stated by Auspitz: The ulcers of lupus as well as of syphilis are often round, and have sharply defined edges, but the former are at the same time flat, scarcely if at all painful, and have red, granulating, and easily bleeding edges; those of the latter, on the other hand, are very painful, with edge and base thickly infiltrated and coated. Lupus never begins except in the form of small papules deeply imbedded in the corium; not as large palpable nodules from the start. There is never to be observed in individual lupus nodules the constant peripheric progress and analogous degeneration as in syphilis, and

¹ Separatabdruck aus der Wiener mediz. Presse.

therefore the ulcer of lupus never has the kidney form. The nodule of lupus progresses more slowly than that of syphilis. Destruction of the nasal bones and perforation of the hard palate do not occur in the former, often in the latter. Lupus begins always primarily in early childhood; syphilis may begin at any age. In the lupus papules the stick of nitrate of silver penetrates easily; not so in the nodules of syphilis. The latter, both when fresh and ulcerating, disappear, as a rule, with surprising quickness under mercurial plaster; those of lupus do not, nor are they influenced by other antisyphilitic remedies. That there are cases which are as abruptly defined, and can be as readily distinguished from scrofulous and syphilitic lesions of similar character, as above represented, Auspitz does not deny; but he maintains that these are exceptionally typical in character, and that it is impossible to distribute a series of cases under any such sharply defined rules of classification. With him lupus must have a much broader clinical significance. He would apply the name to a group of symptoms which develop upon the anatomical substratum of a granuloma, and are characterized clinically by the persistence, continuous relapse, and the slow degeneration of their nodular, flattened, and often serpiginous forms of eruption, which sometimes are scaly, sometimes ulcerate, and sometimes atrophy into cicatrices without ulceration. Under this definition he believes that certain forms of inveterate and hereditary syphilis may properly be called syphilitic lupus; and the same holds true, in his opinion, of scrofula.

Unilateral Idiopathic Cutaneous Atrophy. — Dr. Atkinson, of Baltimore, reports¹ an extensive case of this very rare disease, affecting in progressive course a large portion of the left abdomen, flank, and leg. With the atrophy of the tissues of the corium there were also increase of pigment and hypertrophy of the cutaneous capillaries in some parts. While calling attention to the apparently near relation of the process to morphea, hemiatrophia facialis, and Hebra's partial idiopathic atrophy, Dr. Atkinson does not attempt to explain its pathology.

Leprosy in England. — Dr. Gaskoin, surgeon to the British Hospital for Diseases of the Skin, in recent articles² cites instances which lead him to the conclusion that the disease must still be regarded as indigenous to Great Britain, although it ceased to be endemic to any extent at the end of the last century. There is little doubt, as he says, that elsewhere than in England the opinion is so strong that the disease cannot exist outside of well-known leprous countries and communities that rare cases are not recognized when they occur.

Inoculation of Vegetable Parasites. — Dr. Wigglesworth communicates³ the results of his inoculation of the parasitic fungi upon the skin,

¹ Richmond and Louisville Med. Journal, December, 1877.

² Medical Times and Gazette, January 26, 1878, and May 4, 1878.

³ Archives of Dermatology, January, 1878.

and offers the following conclusions: All vegetable parasites of the skin are not inoculable at all times and upon all persons. Varying degrees of intensity or duration of application are needed for successful inoculation of different parasites upon the same skin, the severer cases requiring more thorough inoculation. A healthy skin may resist the action of the less severe but more widely spread mycoses, but yields to the more thorough inoculation of the more severe and rare forms, showing that the resistant power of the soil furnished is a factor to be regarded. Extension and intension are in inverse ratio to each other. The milder mycoses are the more common, and point to an origin upon skins below par in vigor. The various mycoses of the human integument possess each its own distinguishing characteristics, although a transitory stage of growth of one of them may, in rare cases, as in the "ringworm stage" of favus, simulate in appearance one of the forms, temporary or more permanent, of an apparently different species. While botanical and clinical observations are so at variance in reference to the identity or non-identity of the mycoses, this question must be regarded as still undecided.

Eczema Marginatum (Tinea Circinata Cruris).¹ — Dr. Bulkley presented a detailed report of twelve cases of this affection in a paper read at the first annual meeting of the American Dermatological Association. Ringworm of the central parts, to which this title, introduced by Hebra, has been generally applied, — the lower abdomen, inner surface of the upper thighs on their anterior and posterior aspects, and buttocks, — is by no means as common with us in America as in the Austrian or Indian empires. Certainly, here in New England, where the other forms of *tinea trichophytina* are very common, it is rare. We have occasionally cases of ordinary circinate ringworm of these parts, which in no way resemble the *eczema marginatum* of Hebra; we sometimes also see *eczema* of these same parts with an elevated margin and slowly progressive serpiginous advance, resembling the latter so closely as to be undistinguishable to the eye alone, and yet affording no evidence on thorough microscopic examination of the presence of the trichophyton, and not yielding to the action of parasitocides. These are conditions not to be forgotten in a study of the disease in question. In the treatment of the affection Dr. Bulkley relies mainly on the free application of sulphurous acid solution several times a day. In making our selection from the remedies which are found of the greatest service in ordinary forms of *tinea trichophytina*, we must not lose sight of the *eczematous* element so peculiar to its seat upon these parts, nor of the special sensitiveness of the genital and anal regions to irritating applications.

Tinea Trichophytina. — Dr. Rohe, of Baltimore, communicates² the

¹ Chicago Medical Journal and Examiner, November, 1877.

² Maryland Medical Journal, March, 1878.

history of two cases of ringworm, and the results of inoculation of the fungus from them upon his own person. He is disposed to doubt the existence of a true parasitic sycosis, as it seems to him "that the running together of simple ringworm of the beard and parasitic sycosis for the sake merely of completing an ætiological classification involves too much assumption, and lacks a very necessary basis of facts." If the connection between the two affections were one merely claimed upon the grounds here suggested, Dr. Rohe's views would be correct, but as "facts" are overabundant which prove the unbroken identity of tinea barbæ from its ringworm stage to the most advanced forms of sycosis the necessity of assumption is not apparent. The resemblance between the early circinate form and the description of parasitic sycosis by Dr. Duhring in his text-book, as quoted by Dr. Rohe, may not be closer than that of the polliwig and the frog, and yet the two be identical except in age and anatomical seat. For the treatment of ringworm in all its forms Dr. Rohe prefers carbolized oil, one part to fifteen, and he does not consider epilation at all necessary.

Vegetable Parasites of the Hair. — Professor Hardy,¹ in a memoir read before the late international congress of medical sciences at Geneva (Quelques Considérations sur l'Étiologie, la Nature, et le Traitement des Maladies contagieuses du Système pileux), maintains as firmly as ever his belief in the parasitic and contagious nature of alopecia areata, and cites numerous facts in support of this view. He recognizes the well-established transition of tinea circinata into sycosis, and expresses his belief in the botanical individuality of the plants found in favus, ringworm, and circumscribed alopecia (*pelade*).

Demodex Folliculorum in the Skin of the Ox. — Mr. Walter Faxon, instructor of zoölogy in Harvard University, publishes² a paper founded upon the examination of some cowhides submitted to him on account of their diseased condition by a firm of leather dealers. The hides had been received by them from Illinois and Minnesota. In the parts about the neck and shoulders especially the skins presented numerous slight swellings, which under pressure emitted a quantity of soft, whitish material, which by the microscope proved to be sebaceous matter containing multitudes of demodex folliculorum. After the hides were tanned and split the leather appeared disfigured with pits from one to six millimetres in width, which in many cases penetrated through the thickness of the leather. In some cases eight or ten pits occurred within the area of a square inch. Sections showed that they were diseased and enlarged hair follicles. Mr. Faxon describes and figures the appearances of the animals as perfectly as they could be determined in their tanned condition. He is uncertain whether they are identical with the species found

¹ Annales de Derm. et de Syph., Tome viii., No. 6.

² Bulletin of the Museum of Comparative Zoölogy, vol. v., No. 2.

upon man. M. Mequin (see last report) believes that those found upon the dog, cat, and sheep are distinct from that of man, and are not transferable to the latter. Upon the dog they produce one of the varieties of mange and loss of hair, but that they could cause so serious anatomical changes as to damage leather had not previously been observed. Mr. Faxon believes it probable that the parasites would not have got such a hold upon the cattle unless their skins had become torpid by ill keeping, but of this there is no evidence. Upon man they give rise to no injurious effects.

Cysticercus Cellulosæ in the Skin.—Lewin publishes¹ a report of three cases of the occurrence of this parasite in the cutaneous tissues. One of them, a man twenty-two years old, presented a number of tumors of the size of a cherry or hazelnut in the middle of the back, in the hypogastric and gluteal regions. They were somewhat elastic. Although not painful on pressure, they were so spontaneously at times. They were somewhat movable between the skin and the subcutaneous tissues. They had been looked upon by the attending physician as syphilitic gummata, but one which was extirpated proved to contain a cysticercus with a circle of hooklets. Thirteen months later new tumors showed themselves. The other cases cited had also been mistaken for syphilitic tumors.

Diseases of the Nails.—Hutchinson, in a recent lecture² on these affections, which are so little understood even by dermatologists, enumerates the following forms which he proposes to consider in detail in the future: (1.) Onychia, unguinal whitlow, or suppurative inflammation of the nail bed. (2.) Onychia maligna, occurring in strumous or syphilitic children chiefly, with much expansion of the fingers ends. (3.) In-growing toe-nail, a modification of unguinal whitlow. (4.) White specks in the nail substance, caused usually by injury to the surface of the nail near its matrix in the young. (5.) Transverse lines on the surface of the nails after disturbances of general health. (6.) Psoriasis of the nails, of several forms, not necessarily connected with real psoriasis. (7.) Chronic onychitis, connected with eczema. (8.) Chronic onychitis in association with pityriasis rubra. (9.) The same, in association with pityriasis palmaris (?). (10.) Syphilitic psoriasis of nails. (11.) Parasitic disease of the nails, tinea unguium.

¹ Viertelj. für Derm. und Syph., IV. Jahrg., 4 Heft, from Charité Annalen, XI. Jahrg., 1877.

² Medical Times and Gazette, April 20, 1878.

ANNUAL MEETING OF THE MASSACHUSETTS MEDICAL SOCIETY.

At the outset it gives us pleasure to say that the meeting in all its details was a thorough and gratifying success.

During the forenoon of Tuesday, the 11th, the Fellows were entertained at the various hospitals. At the Massachusetts General Hospital Dr. J. C. Warren explained the antiseptic treatment, removed a breast under antiseptic precautions, and showed a number of cases illustrating this mode of treatment. He also removed a supra-hyoid cyst; several other operations were performed by Dr. Beach. There was a large attendance. At Carney Hospital Dr. John Homans exhibited his case of lumbar colotomy, upon which he operated in March last, and which is doing excellently well. Dr. E. H. Bradford showed several cases of hip disease under treatment. At the City Hospital Dr. Cheever amputated a breast for cysto-sarcoma, and Dr. Thorndike amputated a leg, both operations being done antiseptically. Dr. Ingalls began to operate on a malignant tumor at the angle of the jaw, but found it involved the internal parts so extensively that he left the operation incomplete. Dr. Chas. D. Homans also removed epitheliomatous growths from the wrist and neck. Dr. Hingston, of Montreal, was one of the guests.

At twelve o'clock, noon, the first meeting of the society was promptly called to order in the hall of the Lowell Institute by President Cogswell. He at once introduced Dr. John Crowell, of Haverhill, who read his paper on Anomalies in Pregnancy. Very interesting papers on Floating Spleens, by Dr. Frederick C. Shattuck, of Boston, and on Absence of Resonance in Fifth Right Intercostal Space, diagnostic of Pericardial Effusion, by Dr. T. M. Rotch, also of Boston, then followed. A single question on the first paper was asked by Dr. Bancroft. This was the only effort at discussion of any paper read on either day of the meeting.

This meeting adjourned at two P. M.

At one P. M. of the same day the Massachusetts Medico-Legal Society met in the rooms of the Suffolk District Society for the annual choice of officers and the transaction of other business. With the two exceptions of the substitution on the board of censors of Dr. A. Elliot Paine for Dr. J. R. Brewster, of Plymouth County, and the vacancy left by the resignation from this board of Dr. M. F. Delano, Barnstable County, the entire list of officers and committees was reëlected for the coming year. The following gentlemen were elected associate members: Dr. A. H. Johnson, Salem; Dr. Wm. B. Hills, Boston; Prof. Henry P. Bowditch, Boston; Dr. Thomas Dwight, Boston; Francis Wharton, LL. D., Cambridge; Dr. G. K. Sabine, Brookline; Dr. E. G. Cutler, Boston. As active members: Medical Examiners E. P. Miller, Fitchburg, Otis Fernald, Haverhill, and R. B. Root, Georgetown. The censors announced that they had organized as a board with Medical Examiners Presbrey and Draper as chairman and secretary respectively. Voted, that the report of the executive committee and the appointed communications be read before the Fellows of the Massachusetts Medical Society.

Accordingly, at three P. M. the Fellows reassembled to the reading of the

following papers by members and associate members of the Massachusetts Medico-Legal Society: Annual Address of the President, Dr. Alfred Hosmer, of Watertown. A Digest of Returns from Members of the Society, by the corresponding secretary, Dr. Frederick Winsor, of Winchester; Concerning Coroners, and the Theory and Practice of Inquests, by Theodore H. Tyndale, Esq., of Boston; Value of Anatomical Evidence, by Adj. Prof. R. H. Fitz, of Boston; The Relation which Chemistry bears to Forensic Medicine, by Prof. Edward S. Wood, of Cambridge; Cases illustrating the Work and Duties of the Medical Examiner, by Dr. F. W. Draper, of Boston; A Case of Arsenical Poisoning, with Fatty Degeneration of Liver, Kidneys, etc., by Dr. Joseph G. Pinkham, medical examiner of Lynn.

These papers, singly and collectively, merit warm praise. They were of deep interest, were heard with marked attention, and, since they occupied a field hitherto unworked by any branch of the Massachusetts Medical Society, they likewise proved extremely instructive. The rule of the society confining each of the readers to twenty minutes of time is most sensible, because the chief points of any topic can be clearly set forth within that period. There was no discussion, and the meeting adjourned at six P. M. One hour later, — seven P. M., — in the rooms of the society on Temple Place, President Cogswell called to order the annual meeting of the councilors. Discussions of a somewhat interesting nature were anticipated, and the room was crowded. Recording Secretary Dr. F. W. Goss read the record of the past year. Sixty-six new members have been admitted to the society. Thirty-five Fellows have died within the twelve months, among them Dr. Josiah Bartlett, an ex-president of the society. The oldest of the deceased members was Dr. Grosvenor, of Reading, aged ninety-one; the youngest, Dr. Emery, of Truro, aged thirty-one. We find the average age of the deceased Fellows to be sixty-one years, seven months, a remarkably and probably unusually high average. It bears witness to the good longevity of the Massachusetts physician, and the many gray heads at the recent meeting offered still better testimony.

The treasurer, Dr. F. W. Draper, next read his report, which showed that the receipts of the last year were \$9014.17, expenditure \$6797.51, balance on hand \$2216.66; funded property of the society, \$31,140.17. For a long time this fund was \$30,000; the additional \$1000 was a gift of Dr. B. E. Cotting, the income of which, with kindly forethought, he directed should be used to furnish a substantial lunch at the October and February meetings of the councilors.

Dr. Wadsworth, of the auditing committee, then made his report, which was accepted.

Dr. Geo. H. Lyman, chairman of committee on finance, recommended that seventy-five per cent. of the balance in treasurer's hands be distributed to the various district societies. Acceded to by a unanimous vote. Dr. Lyman then read the names of gentlemen the amount of whose fines he proposed should be lessened by a liberal deduction. To this proposition, with one exception, the councilors agreed. This exception was a member who is a medical examiner, and who obtained the position through his connection with the society. It was thought that his salary should enable him to pay his dues.

Dr. Minot, chairman of committee on resignation, made his report. Adopted.

In his report as librarian, Dr. David H. Hayden stated that the system of exchanges with other state societies was working so successfully that twenty-six societies now send in their transactions.

The appointment of time and place for the next annual meeting — Boston, second Wednesday in June, 1879 — was then made.

Dr. H. I. Bowditch's proposed amendment of line 23, section 13, of the by-laws was next taken up. The original section relates to election of officers and standing committees. Dr. Bowditch proposed to add to the line mentioned, "and also appoint delegates to the American Medical Association."

Dr. H. W. Williams expressed regret at being obliged to differ from Dr. Bowditch, but since delegates who are members of the Massachusetts Medical Society are sent to the American Medical Association every year, he thought that quite enough without making the necessity a law. The American Medical Association has not shown any special ability or great utility, and has not published much of value. A high authority in that association said we had done an unadvised thing in expelling homœopaths. He hoped we were not to be a vassal of the association, and thought there were strong objections to changing our by-laws.

Dr. Bowditch replied that he wished no discussion, but we should never have expelled homœopaths. It has not been done in Germany, and homœopathy in that country is dead. As for no good having been accomplished by the association, it has done immense good. It has been in existence longer than many other societies. This of itself is praiseworthy. We are not a vassal, but the society may send honorable delegates to the American Medical Association. The mere formation of good friendships with physicians in distant States of itself makes the association valuable.

Other discussion followed. The president then called attention to a rule of 1852, which authorizes the society to send delegates to the American Medical Association. The whole rule, with Dr. Bowditch's amendment, was then read.

Dr. Williams hoped the permission to send delegates, which is already included in the rules, would be considered sufficient.

Question was called, and the amendment was defeated by fifty negative to twenty-one affirmative votes.

A petition from the Worcester District was next presented, begging that the town of Groton might be assigned to the Worcester North District. Referred to a committee of three.

The committee on nominations then reported the list of officers for 1878-79 as follows: For president, Dr. George H. Lyman, of Boston. Vice-president, Dr. David P. Smith, of Springfield. Treasurer, Dr. Frank W. Draper, of Boston. Corresponding secretary, Dr. Charles W. Swan, of Boston. Recording secretary, Dr. F. W. Goss, of Boston. Librarian, Dr. D. H. Hayden, of Boston.

A subsequent vote made the election of these gentlemen nearly unanimous.

Dr. G. W. Garland was appointed orator, and Dr. C. C. Holmes, of Milton, anniversary chairman, for 1879.

At the request of the Suffolk District Society a committee consisting of Drs.

Robert Amory, R. T. Edes, and E. S. Wood was appointed to consider changes in the United States Pharmacopœia, to report at next meeting.

Drs. S. A. Greene, B. J. Jeffries, and J. C. Warren were made a committee to consider the application of gentlemen to be restored to the society.

The committee on publications made their report through Dr. G. C. Shattuck. We shall refer to his remarks in the details of the Wednesday A. M. meeting.

Standing committees and the committee of arrangements for 1878-79 were then announced. In the committee on finances Dr. G. J. Arnold replaces Dr. Lyman, now president-elect. Otherwise all committees remain as they were for 1877-78.

Dr. B. E. Cotting, chairman of the committee on ethics, was next called upon to present the proof of a new code of ethics for the Massachusetts Medical Society. He said that this proof was based upon a study of all attainable codes of the past two hundred years, the major portion being taken from the Percival Code of 1803. It also contained all reasonable suggestions which the committee had received from scores of physicians in reply to requests for such hints. He hoped it would be found systematic, practicable, and satisfactory in all ways. He referred to a code which had been anonymously distributed upon the benches and throughout the State, saying it seemed to him simply an emasculated copy of the code he was about to present. At any rate, in view of the fact that a committee has been working to prepare a proper code, such distribution struck him as being an irregular and unusual procedure. Dr. Cotting then began to read the committee code by sections, awaiting remarks upon or objections to each in turn. Remarks and objections followed in such fast and furious fashion that reproduction of them in our report would be neither practicable nor reasonable. But for the sensible ruling of the president one hilarious councilor would have turned the whole discussion into an unseemly farce. Another councilor called for an amendment which would recognize female practitioners; a third objected to the number of adjectives, etc., etc. Finally, the criticisms and objections, which were thoughtful, serious, and sensible, accumulated so rapidly, indeed before a single page of the new code had been read, and so many suggestions for a different preparation of the code were offered, that it was voted impossible to consider the code at the present time. It was therefore by vote referred to the committee, who were instructed to report at the councilor's meeting in February next.

Dr. Pineo then moved that the committee should be increased by two additional members, and that these two should be of those who object to the code as presented by Dr. Cotting.

The meeting voted on this motion in the affirmative, and accordingly the chair appointed Drs. Henry J. Bigelow and John P. Reynolds to serve on the committee.

During this multitude of interruptions, Dr. Cotting, far from being annoyed and in spite of the careful and protracted work which he and the committee have already expended upon the code, remained not only unmoved, but expressed his hearty willingness to do the entire work over again, and more if need be.

Dr. Lyman, president-elect, was then presented to the meeting, and made a few timely remarks.

As the meeting was about to adjourn, Dr. Adams, on behalf of the South Middlesex District, presented a communication which unexpectedly opened the woman question. Briefly, it asked the interest of the society in this question. It also stated that the said society had addressed to physicians throughout the State questions, the replies to which, where made, showed the animus of the respondents in the matter of recognition of female practitioners. Sixty per cent. replied. Of these, seventy-one per cent. are in favor of some form of recognition of medical women.

Dr. Bigelow said it should not be inferred from these statistics that a large proportion of those who failed to respond — to wit, forty per cent. — were necessarily in favor of this movement. On the contrary, those interested in it would be likely to respond, and the failure of any to do so was evidence that they were indifferent or opposed to it.

On account of the lateness of the hour the committee begged that the request of their society be referred to a committee of five. This was done, Drs. Hodgdon, Williams, Hosmer, Francis, and Mackie being appointed. The meeting then adjourned to the refreshment room below.

On Wednesday, at nine o'clock A. M., was held the annual meeting of the society in Lowell Institute Hall, President Hon. William Cogswell, M. D., in the chair. The meeting was opened by the reports of the recording secretary and treasurer already mentioned in our record of the councilors' meeting on the previous evening.

The reports being disposed of, Dr. C. J. Blake, on behalf of the State Board of Education, asked the interest of the society in a project for the benefit of the deaf mutes of Massachusetts. The Board of Education proposes to send throughout the State a series of questions concerning deaf mutes, namely, as to their address, age, whether they have ever been taught, and whether of sound mind. The deaf-mute schools in Warren Street, Boston, and in the town of Northampton, conducted on the Graham Bell method, have proved so successful and have accomplished so much good that it is a necessity to increase the number of pupils. Dr. Blake asked for the earnest interest of the Fellows in the papers about to be distributed.

Papers on A Case of Strangulated Hernia, with Remarks, by Dr. C. N. Chamberlain, of Lawrence; on Early Symptoms of Hip Disease, by Dr. Edward H. Bradford, of Boston; and on Filth and Typhoid Fever, by Dr. Samuel W. Fletcher, of Pepperell, were then read by their authors. They were of marked interest, but elicited no discussion. It may be said here that all the papers read during the two days will eventually be published in this journal.

Dr. E. Wigglesworth was introduced, and offered a resolution to the effect that whereas the metric system is simple, uniform, international, and permanent, therefore Resolved, that the society express its cordial approbation of the system, with the hope that all physicians may employ it in their teachings, writings, and practice, and that in all communications the metric system may be used.

Dr. J. R. Chadwick then earnestly presented the claims of the Boston Med-

ical Library. The library now possesses eight thousand volumes for reference, and about five thousand pamphlets. In size, as compared with all other medical libraries, it already occupies the sixth place, and has a reading-room with one hundred and twenty journals. The committee has recently raised eight thousand dollars; has purchased a house centrally located, and to be a medical centre; will have a fine hall accommodating one hundred and fifty to two hundred persons; above it a reading-room. Duplicate copies of all books, so far as possible, are being and to be collected, and the hope and intention is to establish branch libraries in various parts of the State. The interest and aid of all the Fellows was requested.

Dr. Clapp of the State Society of Rhode Island, Dr. Barbour of the Connecticut State Society, Dr. Gardner of Exeter, and Dr. Graves from the New Hampshire State Society were introduced to the meeting. The president presented Dr. Spofford, of Groveland, now in his ninety-first year, and a member of the society as early as 1818. Each gentleman made a few remarks.

Dr. G. C. Shattuck, chairman of committee on publication, then explained the object of the Shattuck fund in publishing papers read before the society. Since these papers do not contain the fullest originality a vote had been passed, authorizing the committee on publication to offer a prize of two hundred dollars to the Fellow who previous to April 15th of each year will present the best essay containing original experimental investigation, scientific experiment, or chemical research. Invitations were therefore issued; the papers to be sent to the chairman. Four essays had been received. Each one of them, if alone, would deserve the prize. In the difficulty of making a choice the papers had been referred to two experts, who decided in favor of the essay entitled *Identification of the Human Skeleton: A Medico-Legal Paper*. Dr. Shattuck then opened the sealed envelope containing the heretofore unknown name of the author, and found that the successful competitor was Dr. Thomas Dwight, of Boston.

A recess of fifteen minutes was announced, at the close of which, at twelve o'clock, Dr. Francis Minot, of Boston, was introduced as the orator. Dr. Minot then delivered the eloquent address which was published in the *JOURNAL* for June 13th.

Meanwhile, most generous preparations for the annual dinner were being made in Music Hall, and precisely at one o'clock, the hour appointed, the society and invited guests proceeded by private entrance from Lowell Institute to Music Hall, and without confusion or delay took their seats at the tables, which occupied the entire platform and the whole of the great floor of the hall. The invited guests and officers of the society sat at the platform tables. During the seating of the Fellows, and at intervals throughout the afternoon, the Germania orchestra, which was stationed in the balcony, enlivened the occasion by well-chosen music. Grace having been said by the Rev. M. J. Savage, the well-prepared repast was attacked with zest. Stomachs being satisfied and the modern calumet of good-fellowship distributed, Dr. Peter Pineo, of Hyannis, anniversary chairman, presented to the company the first course of the intellectual banquet. As chairman of this occasion Dr. Pineo deserves a kindly word for the promptness and ease with which he fulfilled the duties of his office, and for the exceeding good taste of his toasts.

Our limited space, of course, will not admit even the briefest synopsis of the speeches which were made at this dinner. Upon concluding his remarks Dr. Pineo introduced the retiring president, Dr. Cogswell, who spoke briefly and pertinently.

The next sentiment was to the honor of the newly elected president of the society, and Dr. George H. Lyman responded, saying that he felt himself unequal to any position which calls for a speech. But if unable to make an elaborate speech, any man must be insensible to ordinary emotion who would fail to recognize and acknowledge his pride in being elected by this society to preside over its deliberations. It now lacks but a trifle of one hundred years since this society was chartered in the public interest to promote the health and welfare of the community, and we may well take pride in its record. Without going beyond the past few years we may point to the institution of the State Board of Health, to prevent disease, etc.; to the new law for coroners, to assist by detection of crime in providing for public safety; to our service in hospitals, dispensaries, and public institutions, which provide for the gratuitous care of more than twenty-five per cent. of our population, in proof that we have been loyal to our charter.

While, as I believe, the intelligence of the community recognizes all this, there is still a class which is fond, for purposes of its own, of charging us with being illiberal, narrow-minded, and exclusive. On the contrary, we claim to be the most liberal of professions. It is only the illiberal and exclusive which we discard from association with us. We do not allow any exclusive dogma; our only tests, and the only ones required by our charter, are morals and education.

As a society, we care not whether a man considers a drop or a gallon to be the legitimate dose of any given remedy; that is always recognized to be a matter of private judgment, of individual experience, with which we have no right to interfere. We pride ourselves upon a generous conservatism, which does not hinder true progress. We gladly welcome everything new, but only when proved to be true, for experience reminds us of the many startling novelties which were to revolutionize medicine, which, when stripped of their wild pretension, have been consigned to the subordinate place to which their merits, more or less, as may be, entitle them.

Let us then, Mr. Chairman and gentlemen, never forget that our only claim to existence is the good of the public, and that our influence upon that public will be just that to which our own conduct as individuals, earnest, honest, and true in their service, may entitle us.

The orator of the day, Dr. Francis Minot, replied briefly to the third toast, The Commonwealth and the Medical Department. The next toast introduced Surgeon-General W. J. Dale, who was warmly received. In a few words he referred to the support which during the civil war he had received from the profession in the State, and hoped at a future day to prepare a tribute to the medical men who did their country service during the great conflict.

The next sentiment, to Theology and Medicine, called forth a humorous, witty, and sensible response from the Rev. M. J. Savage, whose neatest hit was his apparently serious remark that he seldom had opportunity to preach

to doctors, for they were busy men, and *people were peculiarly liable to be sick on Sunday.*

Dr. J. B. S. Jackson replied to a toast to The Faithful Searcher after Truth, referring to his long experience as a pathologist.

Dr. John M. Woodworth, surgeon-general of the United States Marine Hospital service, next responded to a sentiment which complimented that service. He alluded in a few words to the benefit which he believed would result to the marine service from the operation of the national quarantine act.

The Hon. Dr. Hingston, ex-mayor of Montreal, was greeted with great cordiality, and in responding to a sentiment in his honor he complimented in an exceedingly happy manner the modesty, skill, and hospitality of the Boston physician.

A toast to Barnstable County elicited from the Hon. J. B. D. Cogswell interesting remarks and anecdotes relative to the early physicians of his county.

A sentiment to the legal profession brought a ringing, stirring response from Chas. W. Clifford, Esq., of New Bedford.

The Hon. A. W. Beard, collector of the port of Boston, was next called upon, and by way of illustration of the expectant treatment, expressed the sensible wish that Congress would give up attempting quack remedies, and let the country get well in a natural way.

The chairman then made a loving and respectful allusion to the venerable Dr. Jacob Bigelow, now confined to his chamber. To this sentiment there was an appropriate musical response from the orchestra. The company then separated (at four and a half P. M.), well pleased with the whole affair.

TWENTY-NINTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.¹

PROCEEDINGS OF SECTIONS.

SECTION I., Practical Medicine, Materia Medica, and Psychology. Chairman, Prof. A. M. Loomis, New York; secretary, Dr. J. V. Shoemaker, Philadelphia.

First day. A paper on Ringworm in Public Institutions, by Dr. J. V. Shoemaker, referred to the contagium of *tinea circinata*, and reported experiments establishing, by inoculation, the proof of the existence of an identical disorder among the lower animals, especially cats, from whom it may be communicated to man. Treatment by isolation, absolute cleanliness, and parasiticide applications, was insisted upon.

Dr. F. H. Davis, of Chicago, read a paper on Pulmonary Tuberculosis, which, in conjunction with the discussion which followed, well illustrated the irreconcilable nature of the several prevailing notions of the pathology and the prognosis of the affection.

Dr. C. W. Glasgow, of St. Louis, exhibited a specimen of fibrinous cast of the bronchial tubes from a case of plastic bronchitis. The chairman remarked that such cases are comparatively rare, and those that he had observed showed

¹ Concluded from page 786.

a decided phthisical tendency, and ultimately they all died of pulmonary consumption. Dr. Glasgow was requested to present the subsequent progress of the case at the next meeting.

Second day. The paper of Dr. George M. Beard, of New York, on the Electrical Treatment of Impotence and Spermatorrhœa recommended the introduction of a rheophore into the urethra and the application of the mild constant current, sittings not to continue longer than five minutes. In the subsequent discussion, a preference was shown for general and hygienic treatment, local interference being strongly deprecated in ordinary cases.

The paper of Dr. J. J. Caldwell, of Baltimore, on The Neuroses of the Pneumogastric and Sympathetic, was read by Dr. Evans of that city. It referred to certain reflex symptoms produced by tumors pressing upon the nerves in their course, and other sources of irritation. It was referred to a sub-committee for examination.

Third day. Dr. Bulkley, of New York, not having furnished the paper On the Use of the Solid Rubber Bandage in the Treatment of Eczema and Ulcus of the Legs, as announced, informal remarks were made, advocating this treatment, by Dr. H. A. Martin, of Boston, and others.

Dr. Thomas F. Rochester read the history of a case, and exhibited the specimen, of separation of the ileum, with spontaneous occlusion of the divided extremities. The patient was sixty-five years of age, and life was sustained for several weeks. The ileum was found to be completely occluded, and death was preceded by symptoms of intussusception. The paper was referred to the committee of publication with a request that a cut of the specimen accompany it in the Transactions.

A case of goitre successfully treated by subcutaneous injection of ergot was reported by Dr. C. N. Palmer, of Lockport, N. Y. The pathological character of the growth was not clearly ascertained, but it was of large size. One injection only was made. The patient was exhibited to the section with no vestige of the tumor remaining. Drs. T. F. Rochester, of Buffalo, W. R. D. Blackwood and M. O'Hara, of Philadelphia, also reported similar cases cured or greatly benefited by injections of ergot.

Dr. E. Cutter, of Boston, having on the preceding evening delivered a most interesting lecture, illustrated by the camera, on the Morphology of the Blood in Syphilis, his paper, after discussion, was referred to a sub-committee for examination. Dr. Cutter made his observations on fresh syphilitic blood, and declares that in such blood changes occur by which it can be recognized microscopically. The white blood corpuscle becomes enlarged, and contains new features which are considered to be low forms of organic life.

Dr. N. S. Davis, of Chicago, having been requested at the last meeting to continue his reports upon Meteorology, etc., reported progress, and promised a full report at the next meeting. He offered a resolution, which was adopted, ordering the appointment of a committee to consider the recommendations contained in the annual address of the chairman in regard to the establishment of sanatoria, and the utilization of the mineral springs of the United States.

Dr. Charles Denison, of Colorado, was requested to furnish for the next

meeting a further report on the influence of climate in the treatment of consumption from observations made in Denver City.

Section II., *Obstetrics and Diseases of Women and Children.* Chairman, Dr. E. W. Jencks, of Detroit; secretary, Dr. H. O. Marcy, of Cambridge, Mass.

First day. Dr. Theophilus Parvin was, on motion, allowed all the time necessary for reading his paper on *Ovotomy*. This essay goes thoroughly into the history of *Cæsarean* section, and discusses its value with especial view to comparison with the operation of *gastro-elytrotomy* recommended by Dr. Thomas, of New York. He arrives at the conclusion that in cases of labor at term in contracted pelves where a choice of these two operations only remains, the operation by *Cæsarean* section is to be preferred. This paper was of great interest, and was highly praised in the discussion. In collecting the extensive bibliography of the subject the library of the surgeon-general's office at Washington was of great assistance.

The conclusions of the paper were generally sustained in the succeeding debate, in which Drs. Miller of Chicago, Storer of Newport, White of Buffalo, Allbert H. Smith of Philadelphia, Jencks of Detroit, and others participated.

Second day. Dr. Horatio R. Storer, of Rhode Island, read a paper on *The frequently Gynecological Origin of Inherited Forms of Strumous Disease, and the Consequent Indications for Treatment*; in which he laid down the propositions that struma predisposes to constitutional infection from syphilis, and what passes for struma is often the remote outcome of syphilis. The more we try to remove syphilis the greater chance is afforded of getting rid of struma. He urged greater care in treating the primary lesion, and called for preventive legislation to limit the spread of syphilis.

Dr. T. A. Reamy, of Ohio, read a report of a case of *Hour-Glass Contraction of the Uterus prior to Expulsion of the Child*.

A new clamp for *perineorrhaphy* was exhibited by S. W. W. Munsen, of New York; the peculiarity being that the "quills" are made of hard rubber containing three or four transverse perforations for the passage of the silver wire. Small posts project from one side of the quill at the level of each aperture, around which the ends of the wire are fastened by two or three turns. The advantages over the old shot fastening are evident. The sutures can be loosened or tightened without trouble, as the posts never roll over into the tissues. The contrivance met with general approval.

Third day. The paper of Dr. George J. Engelmann, of St. Louis, entitled *Batley's Operation for Extirpation of the Ovaries*, was not restricted to the consideration of normal ovariectomy, but also quoted cases of cystic and other organic disease. The conclusions were based on forty-one cases, three of which were his own. The vaginal operation for the removal of the ovaries was condemned as being more delicate and difficult than ordinary ovariectomy, and more dangerous according to the statistics. The frequent failure of the vaginal method was thought to be chiefly attributable to the piecemeal and incomplete removal of the ovaries, owing to a pathological condition of the pelvic organs, the disease very frequently being cystic, with many adhesions to

the neighboring structures. Thirty-five cases of this operation have been reported, eight only of which are marked cured; although seventy-one per cent. recovered, many are made worse by it. The danger of the disorder appears to bear no relation whatever to the magnitude and severity of the operation designed for its relief. In average cases the dangers of Battey's operation are greater than in ordinary ovariectomy. The removal of a unilocular cyst, which the surgeon is often able to accomplish without introducing his hand into the abdominal cavity, is a much simpler and safer operation. From the fact that the friction of a large cyst against the peritonæum renders it less sensitive and less liable to inflammation after operation, and also from the fact that in the usual operation for ovariectomy the pedicle can be fastened in the womb, the lecturer was led to advocate this operation in preference to the vaginal incision.

Dr. Trenholme, of Montreal, had operated upon two cases for the removal of normal ovaries, and thought that he had originated the operation until he had subsequently heard of Battey's cases. In 1874 he had a case of dysmenorrhœa in a woman thirty-five years of age, whose only hope for relief was the menopause. As health was impaired and life in danger, he resolved to remove the ovaries and bring on cessation of the menses. He accordingly removed both of these organs, and in twenty-six days she had perfectly recovered, and was able to go on a journey of one hundred and eighty miles. She occasionally had a slight discharge of blood. She is now well, and studying medicine in Chicago. The second case was one of a displaced ovary, which was enlarged and exquisitely sensitive. This was removed per vaginam, and the patient became entirely well. He prefers the vaginal operation when it can be performed, as the pelvic portion of the peritonæum seems less sensitive.

Dr. Rosebrough, of Canada, reported one case.

The paper of Dr. Levi F. Warner, of Boston, on the Connection of the Hepatic Functions with Uterine Hyperæmias, Fluxions, Congestions, and Inflammations, was read by Dr. Storer, of Newport. It was intended to counteract the tendency to treat uterine disorders solely by local applications, and showed the relationship between functional disorders of the liver and certain uterine conditions, which are susceptible of relief by the removal of the predisposing cause without any local treatment. During the subsequent discussion the position assumed by the author met with general approval, and Dr. Marcy, of Cambridge, protested against the practice that obtains at many medical colleges of graduating men at once into specialties without first making them general practitioners.

Dr. Marcy exhibited a new uterine probe, which is made by Codman & Shurtleff, of Boston, and called an indicator. It is of rubber, and contains in its interior a double watch-spring, which is so arranged as to be ordinarily straight, but if one end should be bent the other is curved in the opposite direction. This is designed to show the extent and direction of any curve in the uterine canal while the sound is still in position.

Dr. John C. Irish presented a report of Fifteen Cases of Extirpation of the Uterus by Laparotomy, in the practice of Dr. W. Burnham, of Lowell,

Mass. The operation was performed for the removal of large intra-mural fibroid growths. The percentage of success in legitimate cases was declared to be 21.5 per cent. Leaving out unfavorable subjects, when it was a last resort, the operation was followed by 28.6 per cent. of recoveries.

Dr. Storer said that he had performed this operation in seven cases, with two recoveries. He regarded the operation in such instances as one of necessity and not of election.

The paper containing a Digest of Fifty Uterine Fibroids treated by Electrolysis, by Dr. E. Cutter, of Boston, and Dr. Gilman Kimball, of Lowell, was not presented. Dr. Cutter announced that it would appear in the *American Journal of the Medical Sciences* for July, 1878. He was willing to answer any questions on the subject, but was not able to read the abstract as he had intended. In August, 1871, the first case of the series was operated upon by Drs. Cutter and Kimball, and was cured by three applications. In all there had been fifty-four cases of their own, four in the practice of friends; of these, the total mortality was five patients. In thirty-two the tumor was diminished and the patient relieved; in four the tumor entirely disappeared. Fistulous openings, where the needles were introduced, remained in two cases. In the great majority of the cases the growth was arrested; in about one third the tumor was materially reduced. The application was made by poles thrust into the tumor through the abdominal wall. Dr. Cutter devised a bayonet-shaped probe with a strong handle, by which it could be introduced into a firm growth. The current was continuous, mild, and of low intensity, the ordinary time of application being from five to ten minutes, never over fifteen. The first sitting should be not longer than three minutes. The operation is a serious one, and the patient should remain in bed for several days subsequently. One of his fatal cases was caused by the woman getting out of bed on the second day, when she caught cold. The operation must by no means be undertaken at the physician's office. No symptoms of shock are noticed when an anæsthetic is used, and it would not be justifiable to operate without using ether. The bladder must be evacuated by the catheter before introducing the needles.

Dr. G. M. Beard, of New York, in discussing the question, favored mild currents and short sittings. He recommended that the negative pole only should be inserted into the growth, the other being applied to the uterus by a sponge in the vagina, or applied to the surface of the abdomen. Dr. Mussey, of Ohio, had good results from applying the negative pole in the vagina and the positive to the abdomen over the tumor.

Dr. Cutter said that in his cases he had used a battery of rather large plates, the zinc in all the cells being connected, and the carbons likewise, so as to obtain quantity and not intensity. His friend Dr. Purse, of New York, had used the same instrument, and had entirely removed by its aid what was apparently a large tumor. He recommends this method as a substitute for all medical treatment of these cases.

Section III., Surgery and Anatomy. Chairman, Dr. H. H. Smith, Philadelphia; secretary, Dr. E. T. Easley, Arkansas.

First day. After the organization of the section, Dr. L. Howe, of Buffalo,

exhibited a case of blepharoplasty for the relief of a contracting cicatrix of the upper eyelid, resulting from a burn. A piece of skin (two and three quarters by one and a quarter inches) was dissected from the arm of the patient, a young woman, and applied to fill up the gap produced by an incision and bringing the tarsal edges together. The operation was performed three months before. The graft did not slough, and the wound was healed at the end of two weeks. A great improvement in the appearance of the patient was evident.

Dr. Charles F. Gay read a paper on a case of excision of the diaphysis of the tibia, and Dr. S. H. Weeks, of Portland, Maine, presented an article on Septicæmia following Resection of Bones.

Considerable discussion followed in regard to the meaning of the term pyæmia. Dr. Woodward, in referring to the author's definitions, inquired whether they were based on personal observation; he had seen blood-poisoning without the existence of pus, but had never, himself, seen pus in the blood or encountered any one who had seen it.

Dr. Henry A. Martin read a description of his operation for the performance of tracheotomy without the use of tubes. He advocates, after ordinary incision has been made into the trachea, the insertion of a silk thread through the tissue on each side about one eighth of an inch from the edges of the wound, the ends being tied so as to form a loop on each side of the neck. Through these loops, which should not be tied too tight or they will cut through, the end of a long piece of adhesive plaster is passed and fastened. Very gentle traction is made to open the wound slightly, and the plaster is carried around the side of the neck, crossing on the back. The stitches will stay in position from two to three weeks if undisturbed. The ordinary precautions as to warmth and moisture must be observed after the operation. He reported nine cases in which it was performed, and highly recommended the operation.

The Identity of Hospital Gangrene and Diphtheria was the title of an exhaustive paper by Dr. John T. Carpenter, of Pennsylvania. Its conclusions are indicated in the title.

A paper on Perityphlitic Abscess, by Dr. D. M. Clay, was read by title, the writer being absent.

Dr. Sayre, of New York, read an abstract of one hundred and twenty-five cases of spondylitis treated with the plaster-of-Paris jacket and suspension, recent and long-standing, and ranging from four years of age to fifty-three. The author requested permission to complete the paper and present it at the next meeting. He observed that if after application the jacket should get a little loose, it may be cut down the middle in front, and a portion trimmed off, the edges of the under-shirt being turned over in front and holes made through the border for lacing.

Dr. Post presented a short address on Plastic Surgery, which was followed by a volunteer paper by Dr. Moore, of Rochester, on the Prevention of Septicæmia in Surgery; the theory being that if an absorbing surface is not furnished with decomposing fluids septicæmia cannot occur. He reported a case of injury of the knee, in which free discharge was secured by the introduction of drainage tubes, in anticipation of the appearance of the purulent fluids.

Second day. Dr. Henry H. Smith, of Philadelphia, gave a demonstration, from preparations, of certain points in the pathology of the bones, especially tubercular disease, which attracted much attention. The Extirpation of the Thyroid Gland was the title of a paper, illustrated by a specimen presented, by Dr. Julius F. Miner, of Buffalo. He did not declare positively that the entire gland had been removed in the case reported. In answer to a question, he stated that the vessels were tied after division.

Dr. B. A. Watson, of Jersey City, read a paper on Disease Germs, considering their origin, nature, and relation to wounds. The Process and Repair of Wounds with and without Antiseptic Treatment was the subject presented by Dr. Frederick Hyde, of Cortland, New York. This was followed by a paper by Dr. Robert Burns, of Philadelphia, giving the history of a case illustrating conservative surgery in compound fractures. The patient, a laboring man, sustained a compound fracture of both the humerus and ulna, the bones being broken in four places and protruding. A wire splint was used and an antiseptic evaporating lotion with excellent effect, the patient regaining the use of the arm.

Third day. Dr. Frank H. Hamilton, of New York, read a paper recommending exsection of the metatarso-phalangeal articulation in valgus of the great toe.

On motion the regular order of business was suspended to allow Dr. Sayre to exhibit a case of Pott's disease which had been treated by the plaster jacket.

The following was then offered by Dr. Gunn, of Chicago:—

[Whereas, This section having expressed an opinion upon the results of fracture of long bones, and

Whereas, In general convention a member has asked and been accorded the privilege of recording his protesting vote, therefore

Resolved, That this section reaffirms its opinion that shortening in cases of fracture of the long bones is the rule in practice regardless of any means of treatment now in use.

After a warm discussion it was adopted.

Fractures near the Wrist Joint were considered by Dr. John H. Packard, of Philadelphia, with special reference to their treatment. He concluded that fractures of the lower end of the radius are produced by leverage, comminution resulting from a driving in of the upper fragment into the lower, and the posterior part of the lower fragment being always involved in the comminution. He reviewed the testimony of experiments, dissections, and clinical observation in endeavoring to establish the exact character of the lesions, and failed to agree with the view of Dr. Barton. He had never seen a true Barton fracture. The principles of treatment vary somewhat with each case; routine treatment by any one method is deprecated; the principles are: (1) thorough reduction; (2) support of fragments; (3) early passive motion; (4) early freedom of hand. Dr. E. M. Moore, of Rochester, opposed the views expressed by Dr. Packard, and said that splints should be abandoned in treating this fracture, and adhesive plaster used.

Dr. Theodore A. McGraw, of Michigan, read a paper on the Pathology, Diagnosis, and Treatment of Cancer. Dr. Henry O. Marcy, of Cambridge,

presented an article illustrating the use of carbolized ligatures in the operation for hernia.

Section IV., Medical Jurisprudence, Chemistry, and Psychology. Chairman, Dr. W. B. Kempster, Wisconsin; secretary, Dr. W. Compton, Michigan.

First day. The chairman announced that he had not received any papers, but that he had prepared one, which he would present the following day.

Second day. The chairman read a paper On the Pathological States found in the Motor Centres in Cases of General Paresis. These conditions had been rare in his experience as superintendent of the Mississippi State Lunatic Asylum, presenting themselves most frequently among agriculturalists. The observations seemed to favor the theory of the localization of motor centres in the convolutions. Dr. Gray, of Utica, observed that this general paresis had been considered rare, because it had generally escaped recognition prior to 1843, but that now it is quite common. It is not restricted to either sex.

Resolutions defining the legal status of the insane, and advocating restraint under proper supervision, were adopted, and referred to the general session with recommendation for adoption.

Third day. Theodore Deecke, of the Utica Insane Asylum, read a paper by invitation on the Microscopic Study of Brain Disease. Specimens and micro-photographs prepared by the author and Dr. Gray were exhibited and attracted general attention.

Section V., State Medicine and Public Hygiene. Chairman, Prof. J. L. Cabell, University of Virginia; secretary, Dr. A. N. Bell, of New York.

First day. Professor Henry I. Bowditch read a paper of great interest, containing Studies of an Epidemic of Diphtheria which prevailed at Ferrisburg (adjacent to Vergennes), Vermont, during the summer of 1877. The lecture was illustrated by a large map of the infected locality, showing the homesteads attacked. The study was made during a summer vacation near Lake Champlain, and is a valuable contribution to the natural history of the disease. No abstract can do justice to this paper, but the sum total of the suggestions is given by the lecturer as follows: "An epidemic or a single case of diphtheria must be met very much as you would meet a case of small-pox or scarlatina, and we must try by every means in our power to limit its influence and prevent its spread as an epidemic. I do not mean to intimate that I think diphtheria is equally contagious with small-pox, but as there is a strong analogy between them like means must be used to prevent their spread."

Remarks were made by Drs. Bell and Jacobi, of New York, and others. Dr. Hollister had traced cases of diphtheria in Chicago to defective sewerage. In reply to a question, Professor Bowditch stated that in diphtheria the general disorder exists before the appearance of the false membrane. His impression is that croup and diphtheria are not identical; croup is an accident in diphtheria.

Dr. E. Seguin, of New York, read a paper advocating the Intervention of Physicians in Education. The paper was commended and its arguments emphatically indorsed by the section, and, on motion, Dr. Frank Hamilton was requested to present an abstract of the paper to the general session on the following morning.

Second day. Dr. Thomas M. Stevens, of Indiana, read a communication in reply to the circular of the chairman of the Section on Defective Drainage and Water Supply, by Drs. T. M. Stevens, John W. Traak, and A. M. Carrigan. It was stated that a very large proportion of diseases in Indiana is due to defective drainage. He recommends for the purification of drinking water that cisterns should be constructed containing a bee-hive reservoir, made of soft, porous brick, and capable of holding from two to six barrels of water. This would filter all water before drinking, and largely prevent disease arising from contamination with organic matter.

A paper was read from Dr. Trader, of Missouri, in which epidemics of dysentery and other bowel affections were traced to water contamination by ferro-carboniferous deposits and other metallic salts, the water possibly containing also decaying animal and vegetable substances. Properly filtered cistern water grants immunity from disorders arising from these organic deleterious compounds. Damp cellars are apparently as prolific in the production of malarial disorder as marshy lands. He believed that a good system of subterranean drainage in his neighborhood would effectually stamp out all malarious fevers. Dr. Carrigan stated that he had observed that in Arkansas the people who use cistern water have better health than those who use well water.

Third day. Dr. Hamilton, being requested to prepare a paper on the practical suggestions contained in Dr. E. Seguin's paper, for the next meeting, declined, as he did not expect to be in attendance. On motion, a committee consisting of Drs. R. J. O'Sullivan, of New York, and W. Clendenin, of Cincinnati, was appointed to present such a report at the time specified.

Dr. Bell, of New York, called attention to the bad hygienic condition and the poor provisions for the disposal of sewage in villages and small towns.

The chairman read a paper by Dr. J. R. Black, of Ohio, on The Bearings of Hygiene on Therapeutics, which, after discussion, was referred for publication. Dr. O'Sullivan made some remarks on the bad sanitary conditions of churches, particularly in certain Catholic churches in New York, where one congregation rapidly succeeds another until the atmosphere is loaded with organic matter and becomes absolutely dangerous to the public health.

GRAVE-ROBBING.

THE accidental discovery of the body of a gentleman, the son of a former president of the United States, in the dissecting room of a Cincinnati Medical College, the same having been ceremoniously deposited by the bereaved friends in the family tomb a few days previously, has occasioned great excitement among the inhabitants of Cincinnati, — an excitement which has had its reflex among the newspaper-reading public throughout the country.

"Heroic doses of the Ohio Penitentiary" are recommended by one of our most esteemed daily contemporaries to the good people of Cincinnati as "the best treatment which can be prescribed for the faculty of the Ohio Medical

College," and an attempt is apparently being made to administer the prescription.

These outrages — for as such they must be regarded — are fortunately very rare, and with proper laws facilitating the availability of certain sources of material, and discountenancing the pernicious multiplication of medical schools, they should and would never occur. There are undoubtedly difficulties about framing and passing such laws, but we cannot think these to be insurmountable; although we remember that some of these obstacles were so felt in England that the operations of the resurrectionists, who pursued their calling with a zeal and system never known in this country, were to a certain extent winked at until the passage of the anatomy act.

According to the law in Ohio, and we believe in most of the States where a law exists, any person having an unclaimed body (for example, almshouses, etc.) may deliver the same to medical colleges. The use of the word *may*, the introduction of many saving clauses, and the fact that any man is made a friend to the body, seriously interfere with the operation of the law, and give rise to very shabby and petty intrigues.

But we can scarcely conceive any change in the law which would meet the necessities of the plenteous medical schools of some parts of the country. There are in Ohio, a State with a population of two million six hundred thousand, no less than seven medical colleges, three of which are in Cincinnati, where a regular medical education is supposed to be given, and we know not how many others offering educations more or less peculiar. The question of material for dissection is simply one of supply and demand. When we recall Sir Astley Cooper's testimony before a committee of the House of Commons, namely, "The law does not prevent our obtaining the body of any individual if we think proper, for there is no person, let his situation in life be what it may, whom if I were disposed to dissect I could not obtain," and when we remember that there are instances of persons who have sold themselves during life for dissection after death, it is evident that for a sufficient inducement a certain amount of material will be always forthcoming. It is therefore on every account to be desired that the law should judiciously direct this matter. It is perhaps natural that an excited state of feeling, such as that lately existing in Cincinnati, should result in extravagances; this has always been the case since the famous Doctors' Mob in New York city about 1788, when the imported specimens in the College Museum were destroyed, and it was for some time only at considerable risk that any one known as a doctor could remain in the city. It was on this occasion, too, that some of the offended rioters attacked, and were with difficulty restrained from pulling down the house of the British consul, Sir John Temple, the name of "Sir John" being mistaken for "Surgeon."

The very people who protest that human material should be replaced by models and mannikins would be the first when ill to offer a premium for an exact knowledge of anatomy and physiology by seeking the services of the physician or surgeon who possessed such.

MEDICAL NOTES.

—The annual meeting of the state society, as will be seen by our report, was unusually successful, the attendance being large, and more interest than usual being taken in the papers read. The medico-legal feature of the meeting was admirable, bringing many of the legal profession not only as listeners but as participators in the exercises. The councilor's meeting was looked forward to with considerable interest. A lively debate seemed probable on the presentation of the new code of ethics, but it was found expedient to refer the matter back to the committee. There was little or no debate on the admission of women, this matter also being left to a committee, to report at some future time. The dinner was as attractive a feature as usual. Among the speakers may be noticed Dr. Hingston, of Montreal, whose remarks were received with as great favor as those of any other speaker, and Dr. Woodworth of Washington, who alluded to the question of national quarantine, in which very valuable work he is now engaged. We may mention one criticism, — the noise made by members in leaving the hall during the reading of papers. We overheard the remark that "doctors' boots always squeak." The microphonic walls of the Institute certainly illustrated forcibly this peculiar feature of a Bay State manufacture.

— Professor Volkmann has been appointed rector of the University of Halle for the coming year. — Professor von Bischoff has resigned his chair and has been made a Geheim Rath. — Donné, the well-known Parisian microscopist, died in April.

— According to Humboldt, the Indians of Peru, by means of their scent, can perceive the approach of a stranger, while yet far distant. It is said too, that the Arabs can recognize the smell of a fire thirty or forty miles away.

— A reviewer of Virchow's *Freedom of Science in the Modern State* asks: "Does not Virchow exceed the limit of 'objective' knowledge when he says (page 27 of the translation), 'We have ascertained that diphtheria is a disease caused by particular organisms'?"

— A catalogue of the library of Claude Bernard has already been published, and the public sale takes place this week.

LETTER FROM BUFFALO.

MR. EDITOR, — The session of the American Medical Association that has just been brought to a close in this city, if not the most exciting or important in its career, was at least a thoroughly enjoyable one to those who were so fortunate as to be present. Politically considered the meeting was a quiet one; no radical changes were contemplated or suggested, with the exception of the erection of a new section upon ophthalmology and otology, and the proposition to consolidate the section on Medical Jurisprudence with that on State Medicine. In the presence of an unexpected emergency the association discovered that no provision existed in the code of ethics to forbid a member from teaching homœopathic students. An amendment to prevent this in future

was immediately proposed, but in the mean time, with as good a grace as possible, the Judicial Council were reluctantly compelled to admit delegates against whom this objection had been raised.

Viewed from a scientific stand-point it may be stated that the material presented was, as a rule, chiefly of a practical character, and of unusually good quality. The prize essay, by Dr. John A. Wyeth, of New York, involved much original labor, and was highly praised by the committee. The time has nearly passed, if it ever really existed, when there was any force in the captious remark, that "the papers read before the association are generally those which have been previously rejected by the medical journals, and could not be published elsewhere." The essays presented were, in many cases, the work of well-known and specially qualified men, and the discussions brought out the opinions of men of equal standing. There is still, however, need for some such plan as was suggested by Professor Bowditch at Chicago, by which the papers might be submitted to a committee for examination *previous* to public reading, so that the time of the sections might not be wasted upon inferior and exhausting essays.

In its social aspect the meeting was an unqualified success, owing very materially to the forethought and good management of the committees on arrangements and entertainment. Dr. E. Cutter, of Boston, on Wednesday evening gave a lecture on the Morphology of the Blood in Syphilis illustrated by the Camera, which was well received. The micro-photographs of the blood that were shown upon the screen were triumphs of art, and the modest manner in which Dr. Cutter, in his matter-of-fact discourse, described the method pursued added to the charm for those who knew something of the skill and experience required to obtain such results. It was microscopy made easy, particularly as the lecturer avoided technicalities as much as possible, and described every step with perfect clearness.

Receptions were given at the house of Prof. James P. White, and at the Buffalo Club, and the visits to the academies of Fine Arts and Natural Science were much enjoyed. A novelty in the shape of a lawn party was offered to the association by Mr. Bronson P. Rumsey, and the entertainment was highly appreciated, as may be inferred from the letter of Professor Bowditch.¹ At night the extensive grounds surrounding the house were gayly illuminated by innumerable Chinese lanterns, which were everywhere seen shining among the trees, while colored lamps were arranged around a fountain at the end of the long terrace and on the border of a large artificial lake within the inclosure, which reflected the lights with charming effect. Colored fires were burned at intervals, brightening the winding paths among the trees, and turning the fountain into ruby and gold. The brilliant assembly, the strains of orchestral music, and the illuminated park combined to form a fairy-like scene, and to produce an effect that haunts the memory but defies description.

On Friday afternoon the members of the association and a number of ladies were invited by the profession of Erie County and a few of the citizens to visit Niagara Falls. The excursion went over the Canada Southern Railway, and in point of numbers was an overwhelming success. All who were invited se-

¹ See page 188 of the JOURNAL.

cured tickets, and all who had tickets went. At Niagara, after a short time spent in looking at the Falls, they partook of a grand supper at the International Hotel. The six hundred delegates brought numerous friends, most of whom returned the same night to Buffalo, but "not the six hundred." The session being over, a large number of the delegates remained a few days at the Falls, while many others went directly to their homes. They departed with many pleasant recollections of their visit, and of the hospitality and courtesy they had encountered. Seen at its best in the early summer time, I hope a visitor may be permitted to say that the sun does not rise upon a better-hearted people, nor upon a city more pleasant to the eye than Buffalo, the "Queen City" of the lake.

BUFFALO, June 9, 1878.

COMPARATIVE MORTALITY-RATES.

	Estimated Population, July 1, 1878.	Deaths during week ending June 8, 1878.	Annual Death-Rates per 1000 living.		
			For the Week.	For the Year 1877.	Mean for ten Years, '68-77.
New York.	1,093,171	434	20.64	23.42	28.71
Philadelphia.	876,118	290	17.21	18.80	21.54
Brooklyn.	549,438	183	17.32	21.51	25.50
Chicago.	460,000	87	9.95	17.83	22.39
Boston.	375,476	138	19.11	20.10	24.34
Providence.	100,000	37	19.24	18.81	19.20
Lowell.	55,798	16	14.91	19.09	22.50
Worcester.	54,937	13	12.31	14.07	22.30
Cambridge.	53,547	20	19.42	18.69	20.83
Fall River.	53,207	15	14.66	1.35	24.96
Lynn.	35,528	9	13.18	0.42	19.67
Springfield.	33,981	5	7.66	6.02	19.77
Salem.	27,140	15	28.74	0.38	21.15

THE METRIC SYSTEM.

At the meeting at Buffalo, June 5th, of the Section of Practical Medicine, Materia Medica, and Physiology of the American Medical Association, the following resolution was unanimously adopted:—

Resolved, That this section, recognizing the value of the metric system for its uniform, international, indestructible, generally applicable, convenient, simple, safe, and scientific character, hereby recommends to all physicians the use of the same in their practice and in their writings and teachings.

BOOKS AND PAMPHLETS RECEIVED. — *Physics of the Infectious Diseases*. By C. A. Logan, A. M., M. D. Chicago: Jansen, McClurg & Co. 1878.

Atlas of the Diseases of the Skin. By Balmanno Squire, M. B., Surgeon to the British Hospital for Diseases of the Skin. London: J. & A. Churchill. 1878.

Studies in Pathological Anatomy. By Francis Delafield, M. D. *The Inflammation of the Pleura*. New York: William Wood & Co.

Nervous Diseases: Their Description and Treatment. By Allan McLane Hamilton, M. D., Fellow of the New York Academy of Medicine, etc. With Fifty-Three Illustrations. Philadelphia: Henry C. Lea. 1878. (A. Williams & Co.)

The Hot Springs of Virginia.

The Twenty-Third Annual Announcement of the Pennsylvania College of Dental Surgery. Philadelphia. 1878.